

**Massachusetts Department of Agricultural Resources
Application for SNAP/EBT Wireless Terminals**

Farmers Market:		Location:	
Dates and Times of Operation:			
Contact Name:			
Mailing Address:		City:	Zip Code:
Telephone :		Fax:	
Email Address:		Farmers' Market's FNS Number:	
<p>**Attach a copy of your SNAP retailer approval from USDA. This must have been received after November 18, 2011** or check here:</p> <p><input type="checkbox"/> My farmers' market is not currently authorized as a SNAP retailer but I have, or will submit an application to USDA. I understand that the market must be authorized by USDA before I can receive any equipment or fee reimbursement.</p> <p>Eligible farmers' markets must meet the "minimum qualifications for Massachusetts farmers' markets," as determined by MDAR's Policy for Massachusetts' Farmers' Markets found at http://www.mass.gov/agr/markets/farmersmarkets/resources_managers.htm.</p> <p>**Attach a copy of your market's rules/guidelines and a current list of market vendors. Applicants should ensure their rules include all the required specifications detailed in the policy before submitting an application**</p>			
<p>By what date do you need the terminal? (Make sure to allow enough time for approvals, processing and shipping)</p>			
Signature:			Date:
Print Name:			
<p>Completed applications should be addressed to: Farmers' Market EBT Program, Massachusetts Department of Agricultural Resources, 251 Causeway Street, Suite 500, Boston, MA 02114</p> <p>For MDAR Use Only</p>			
Farmers' Market approved: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Reason for Denial:			
MDAR Signature:		Date:	
Copy sent to BOA? <input type="checkbox"/> Yes			